

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	8/3/99
O.I.P.E. CLASSIFIER		72	7/6
FORMALITY REVIEW	235	65185	8/19/99

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	8/1/99
2	8/1/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheets here

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